

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County St. LouisRegistration District No. 289Township LenthPrimary Registration District No. 60223City Overland(No. 2421 Walton Rd.)File No. 34337Registered No. 303St.                      Ward                     2. FULL NAME blara Greenwald(a) Residence, No.                      St.                      Ward                     

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jacob Greenwald6. DATE OF BIRTH (MONTH, DAY, AND YEAR) not known

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
<u>about</u>	<u>53</u>			

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>at home</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>41</u>
	10. Date deceased last worked at this occupation (month and year)	<u>53</u>
	11. Total time (years) spent in this occupation	<u>53</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia13. NAME Wm. Bierebaum14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia15. MAIDEN NAME Baile Anker16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia17. INFORMANT Jacob Greenwald  
(ADDRESS) 2421 Walton Rd.18. BURIAL, CREMATION, OR REMOVAL  
PLACE Chesed Shel Emet DATE 10-27-193319. UNDERTAKER H. Binderhoff  
(ADDRESS) 5216 Delmar20. FILED 10/17 1933 Opella Brauer, M.D.  
Registrar.

## 3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 16<sup>th</sup> 193322. I HEREBY CERTIFY, That I attended deceased from August 21, 1933 to Oct. 16<sup>th</sup>, 1933I last saw him alive on Oct. 16<sup>th</sup>, 1933. Death is said to have occurred on the date stated above, at 7:20 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma, right shoulder  
with general metastases  
(advanced) to the neck  
Right axilla left

Other contributory causes of importance:  
and intra cranial  
metastases.

Dissections of neck, shoulder & leg neck  
Name of operation excision of tumor & mucous Date of 12-3-1931  
What test confirmed diagnosis? microscopic Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?                      Date of injury                     , 19                    Where did injury occur?                      (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.Manner of injury                       
Nature of injury                     24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify                     (Signed) J. C. Landree M. D.(Address) 302 University Club Bldg  
St. Louis Mo

NOV 10 1933

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